

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 8 | 11-21-00 |
| FORMALITY REVIEW | | 7/435 | 01/17/01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

Available Copy
 Rejected
 Allowed
 Canceled
 Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
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| Claim | Date |
|----------------|------|
| Final Original | |
| 51 | N |
| 52 | N |
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| Claim | Date |
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| Final Original | |
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If more than 150 claims or 10 actions
 staple additional sheet here

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